# **e**Score Self Audit



Take an eScore Self Audit to improve your home's energy efficiency and learn how to save money and live comfortably. Simply fill in or circle the answers that best describe your home. When you are finished, mail it back in the provided envelope to receive your personalized report.

#### Instructions

For each question, use a dark pen to fill in the circle next to your answer, or clearly circle the picture most like your home.



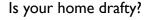


What type of roof do you have?









$\bigcirc$	No	

Somewhat





#### Where are the ducts located in your home?

Tip: If you have multiple duct systems, please select the location of the largest system.













Attic

Crawlspace

Basement

Between Floors

Sub Slab

Don't know

# What is the condition of your ducts?

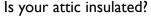
$\bigcup$	Excellent
_	

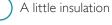
Good





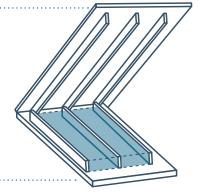
Don't know





$\bigcirc$	A lot of insulation

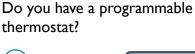




# Are your TV(s) ENERGY STAR® certified?



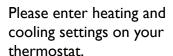








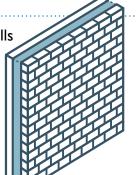




Are your exterior walls

Don't know





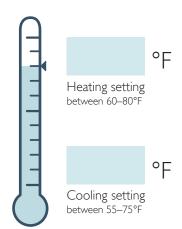
Does your thermostat utilize
wireless (Wi-Fi) technology?

Don't know

$\bigcirc$	Yes

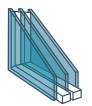
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1 10





Does your front door have weather stripping?	Is your front door solid or hollow core?		
Yes No Don't know	Solid Core		
If applicable, what is the condition of the weather stripping?  Excellent Poor  Good Don't know	Hollow Don't know		
What type of front door does your home have?	Is your door ENERGY		
Fiberglass Metal Wood Vinyl and Others	STAR® certified?  Yes  No  Don't know  Don't know		
Do you have a kitchen faucet	ls your main refrigerator		
aerator?	ENERGY STAR® certified?		
Yes	Yes		
No Don't know	No Don't know		
Is your dishwasher ENERGY	How old is your main refrigerator?		
STAR® certified?	O-5 years		
Yes	6–10 years Don't know		
O No	II-15 years		
Don't know  ENERGY STAR  Don't have one	Do you have a second refrigerator		
Don't have one	or freezer?		
What % of each light bulb do you use in your home?	Yes No		
% Incandescent light bulbs	Is it ENERGY		
% CFL light bulbs	STAR® certified?		
% CFL light bulbs	Yes		
% LED light bulbs	No ENERGY STAR CO		
Total 100%	On't know		

### What is the most common type of window in your home?



Triple Pane Window



Double Pane Window



Single Pane Window



Single Pane with Storm Window



Dont' know



#### In what condition are your windows?

Excellent

Poor Good

Don't know



#### Are your computer(s) **ENERGY STAR®** certified?

None

Some

Don't know

#### Are your windows ENERGY STAR® certified?

Yes

No

Don't know

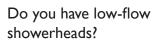


#### Do you have low-flow toilets?

Yes

No

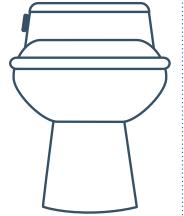
Don't know



Yes

No

Don't know



## Do you have bathroom faucet aerators?

No

Don't know





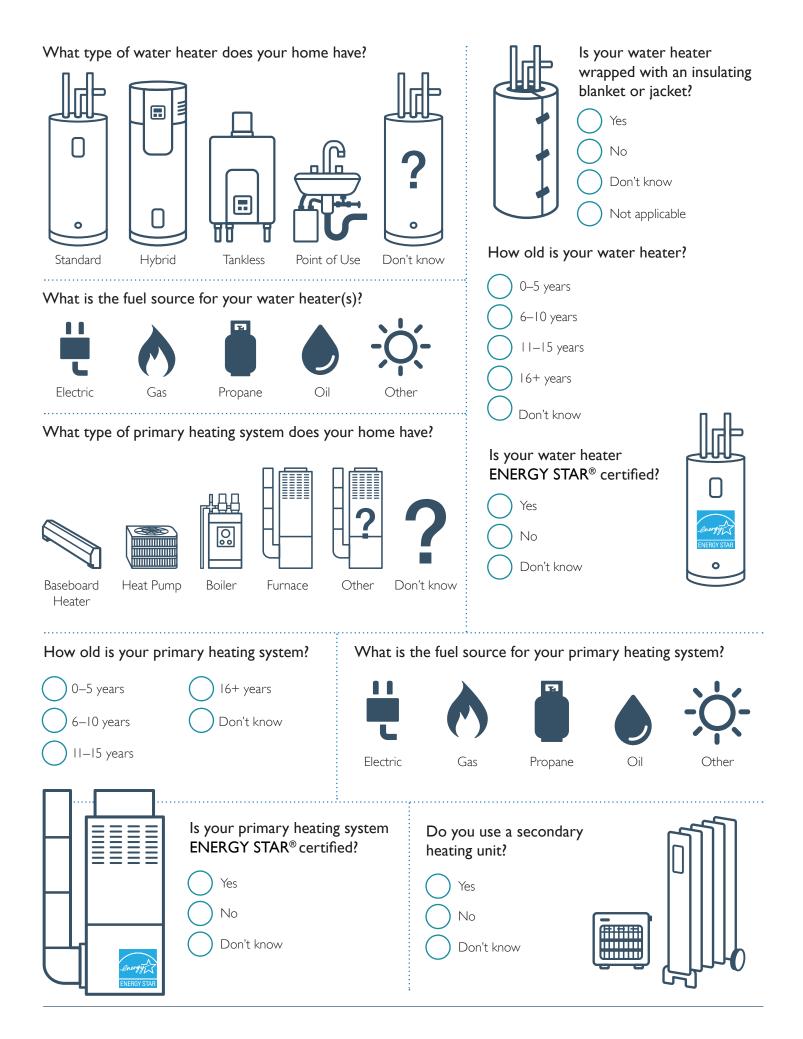
### Is your clothes washer ENERGY STAR® certified?

Yes

No

Don't know

Don't have one



#### If applicable, what type of secondary heating unit do you use? How many hours per year do you utilize your secondary heating unit? 111111 Wood Gas Electric Propane Total hours per year Space Heater Fireplace Fireplace Space Heater Stove What type of foundation does your home have? If applicable, what type of insulation does your basement or crawlspace have? Ceiling Wall Ceiling and Wall Pier and Beam Basement No insulation Don't know Crawlspace Slab What type of air conditioning (AC) system Are your AC unit(s) ENERGY STAR® certified? does your home have? Yes Don't know Don't have one Central AC Through Wall AC Window Unit Is your pool pump ENERGY STAR® certified? Yes No Portable AC No AC Don't know Don't know Don't have one If applicable, how old is your AC system? 0-5 years 16+ years Don't know 6-10 years II-I5 years

About You Please provide your information for a	personalized repor	rt.	
First Name		Last Name	
Address Line I			
Address Line 2			
City		State	Zip Code
Phone Number		Email (optional)	
Local Power Company		How	did you hear about eScore Self Audit program?
Mailing Address, if different from above			
City		State	Zip Code
About Your Home			
Total Square Footage of Home	Total Number of Occup	oants	Total Number of Bedrooms
What type of home do you have?	Apartment	Single Family	Manufactured Home
do you nave.	Townhome	Condo	Other
Do you own or rent your home?	Own	Rent	
How long have you lived in your home?	O-2 years	3–5 years	6–10 years II+ years
How old is your home?	O-5 years	6–10 years	◯ II–20 years ◯ 2I+ years

Yes

No

Don't know

Do you have Wi-Fi in your home?